CGAPREV 11/23/2011 11:43 AM

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047 2010

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2010 calendar year, or tax year beginning and ending C Name of organization Check if applicable: Employer identification number Government Accountability Project Address chang Name change Initial return Terminated City or town, state or country, and ZiP + 4 20006 Washington Amended return DC 2,886,250 Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? BEATRICE EDWARDS 1612 K STREET, N.W. H(b) Are all affiliates included? If "No." attach a list, (see instructions) WASHINGTON DC 20006 X 501(c)(3) 501(c) (4947(a)(1) or www.whistleblower.org Website: H(c) Group exemption number ▶ X Corporation Year of formation: 1984 Form of organization Other > M State of legal domicile: Summary | 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 2,100,376 2,648,429 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 97,593 24,042 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,159 2,500 144 1,079 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,215,272 2,676,050 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,470,125 1,530,457 47,508 53,257 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,458 906,283 907,404 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,423,916 2,491,118 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -208,644 184,932 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 884,429 1,065,681 20 Total assets (Part X, line 16) 162,946 21 Total liabilities (Part X, line 26) 166,626 717,803 902,735 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer **Executive Director** Beatrice Edwards Here Type or print name and title if PTIN Print/Type preparer's name Preparer's signature Check Paid 11/23/11 self-employed P00176056 Theresa Hutchinson 52-1639708 Preparer Firm's EIN Coates & Hutchinson, Firm's name **Use Only** P. O. Box 561 410-672-6339 Odenton, MD 21113

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form 990 (2010) Government Accountability Project 52-1343924

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l	
_	complete Schedule A	1	X	+
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1_	İ	1
	candidates for public office? If "Yes," complete Schedule C, Part I	3	\vdash	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	3,5	1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	+-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	1		┢
٠	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete School to D. Bort I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1	Ì	
	complete Schedule D, Part IV	9	X	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.			
	VII, VIII, IX, or X as applicable.			.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		 ^
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	х	
4.	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	- "	┢	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	···		+==
13		19		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some			T
~	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
			ስለሰ	

2000	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	i .		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
_ d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			17
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			w
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		l	v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
20	If "Yes." complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	•	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	j	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Dart!	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a		j	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	!		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ī		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<u> </u>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part	<u> </u>		<u></u>	1	- -
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_		1	
	reportable gaming (gambling) winnings to prize winners?			1c		1
2a		i i				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		4.000	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<u> </u>	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction			200		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
ь	If "Van " has it filed a Farm 000 T farthis many if "bla " accorded to continue in Calculula O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	у			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
ь	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b	Boaru Sala	2
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gand services provided to the payor?	juuus		7a	m- 888888	
ь	If Wan build the appropriation patify the dance of the value of the goods or continue assuited?			7b		\vdash
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					\vdash
Ť	required to file Form 8282?			7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Ý.,
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		· · · · · · · · · · · · · · · · · · ·	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	*****	\$000000 T.
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۱ ا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	445				
4.0-	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b 13		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a	***************************************	<u>1000000000</u>
а	Note. See the instructions for additional information the organization must report on Schedule O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which					povijans
U	the organization is licensed to issue qualified health plans	135			hay v	ĺ
С	Total the annual of annual as hard	13c			j	
14a	Did the annual state of the following the following the following			14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
DAA				Form	990	(2010)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule

O. See instructions.	
Check if Schedule O contains a response to any question in this Part VI	

		7000 II-00	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 7	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		1
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	***		
	the year by the following:		F :	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		א
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Coo	le.)	•
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such	133		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	106		
1a		1111		
	form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	888		
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1=0		
_	rise to conflicts?	12b	x	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Cahadula O ham this is done	12c	х	
3	Does the experimetion have a written whistlableway policy?	13	X	
4	Does the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by			
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	190	A	-
_				
6a	- , , , , , , , , , , , , , , , , , , ,	40-		·
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	\$ 200		4.
	organization's exempt status with respect to such arrangements?	16b		
je c	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, II	/KS/	KY	
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	Own website : Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.			
	and financial statements available to the public.			
0:	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► Elizabeth Lamb 1612 K St. NW #1100			

DAA

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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Check this box if neither the organic	anization nor an	y rela	ated	orga	niza	itions	con	pensated any current offic	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee				a Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Joanna Gualtieri	•	†	†							
Chair	1.00	X		X				0	0	0
(2) Molly Elkin Board Member	1.00	x						o	o	o
(3) Christina Macy	1.00	╀弃	_			\vdash		0	0	<u> </u>
Board Member	1.00	x						o	0	o
(4) Richard Foos		✝▔								
Board Member	1.00	x					:	o	0	0
(5) Mark Niles								_		
Board Member	1.00	X						0	0	0
(6) Rick Salzman Board Member	1.00	x						0:	o	o
(7) Bradley Weeks		1								
Board Member	1.00	X						0	0	0
(8) Mark Cohen										
Exec Dir	40.00			X				95,842	0	8,174
(9) Louis Clark										
President	40.00			X				93,713	0	24,060
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
		1	I	1	ı	1				i

c Total from continuation sheets to Part VII, Section A			0) Governmen										Page l
Name and Tide	Par	t VII			stee	s, K			oyee	s, ar		Employees (continued)	
173 185		Nan	• •	Average	\vdash	,	(ched	k all		_	Reportable	Reportable	Estimated
(27) (28) (29) (29) (29) (29) (29) (29) (29) (29				week (describe hours for related organizations in Schedule	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	related organizations	other compensation from the organization and related
(20) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(17)				-								
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29)	(18)												
(22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)						ļ	-					
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(25) (26) (27) (28) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, its the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 reservices rendered to the organization? If "Yes," complete Schedule J for such person 5 J X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Name and isolness address. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Name and isolness address.	(23)	,.,,	***************************************		-	i							
(26) (27) (28) 1b Sub-total .	(24)					L							
(28) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 1 Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 JX 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (8) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization promite or organization promite or organization promite or organization promited to those listed above) who received more than \$100,000 in compensation from the organization from the organization from the organization promite organization promited to those listed above) who received more than \$100,000 in compensation from the organization promited to those listed above) who received more than \$100,000 in compensation from the organization promited to those listed above) who	(25)												
189,555 32,23	(26)												
to Total from continuation sheets to Part VII, Section A	(27)												
c Total from continuation sheets to Part VII, Section A	(28)										······································		
d Total (add lines 1b and 1c). ▶ 189,555 32,23 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No. Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person from the organization. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and busiliess address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization from t	1b 5	Sub-tota	l							>	189,555		32,234
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes Note										*	189,555		32,234
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation (A) (C) Compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization of	2	Total nun	nber of individuals (in-	cluding but not li	imite	d to				bove			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	3 (4 F 6	Did the or employee For any ir organizat individual Did any p for servic	rganization list any fo e on line 1a? If "Yes," ndividual listed on line ion and related organ berson listed on line 1 es rendered to the or	ormer officer, direction complete Schere 1a, is the sum dizations greater a receive or accepanization? If "Y	ector dule of re than	or to J for porta \$15	suc able 0,00 ens	n ind com 0? If	lividu pens f "Ye n fron	ial sation s." c n any	n and other compensation omplete Schedule J for suc y unrelated organization or	from the ch individual	3 X
Name and business address Description of services Compensation Compensation Description of services Compensation Compensation Compensation Compensation Description of services Compensation					ensa	ted i	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		compens									Descript	(B)	(C) Compensation
received more than \$100,000 in compensation from the organization ▶			Maille allu	Duaniess addiess							Болатр	1011 4. 3011003	Composidadin
received more than \$100,000 in compensation from the organization ▶													
received more than \$100,000 in compensation from the organization ▶													
			•		_						se listed above) who	<u>-</u>	Form 990 (2010

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art VI	III Statement	OI KEARU	ius		(A)	(B)	(C)	(D)
					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1 1a	Federated campaig	ns	1a					
-	Membership dues		1b	-				
] [Fundraising events		1c					
	Related organization		1d					
	Government grants (contribu	· · · · · · · -	1e					
ומ	All other contributions, gifts.	······						
·	and similar amounts not incl		1f 2	,648,429				
	Noncash contributions include	_		412,665				
	Total. Add lines 1a-		*		2,648,429			
 ''	TOTAL AND INIES TA-	-11		Busn. Code				
1 22	Attorney Fee				24,042	24,042		
2a				-		,,		
"	*							
ا د								
a			• • • • • • • • • •	-	<u> </u>			
9	***************************************							
	All other program se				24,042		l	
	Total. Add lines 2a-				24,042	**************************************	. · · :	/ · · · · · · · · · · · · · · · · · · ·
3	Investment income		videnas, inte	rest,	5,035			5,03
.	and other similar an				3,033			3,00
4	Income from investi			_				
5	Royalties							
		(i) Real	(11)) Personal				
6a	Gross Rents							
Ь	Less rental exps.							
c	Rental inc. or (loss)							R: #
_d	Net rental income o			<u>.,,,,</u> ▶				**************************************
'a	Gross amount from sales of assets	(i) Securities		ii) Other]			
	other than inventory	207,6	665]			
Ь	Less: cost or other							
	basis & sales exps.	210,2]			
c	Gain or (loss)	-2,	535					
d	Net gain or (loss)	, , ,	<u> </u>	<u>, </u>	-2,535	-2,535		1
8a	Gross income from fun	idraising event	s					
	(not including \$							
ь	of contributions reporte	ed on line 1c)						
	See Part IV, line 18		a]			
Ь	Less: direct expens		b				alida e de la companya de la company	
c	Net income or (loss		aising events	<u> </u>				
1	Gross income from gar							
	See Part IV, line 19]			
Ь	Less: direct expens		ь					
	Net income or (loss		ng activities					
	Gross sales of inve		<u> </u>					
"	returns and allowan	-	a					
h	Less: cost of goods		b b		1			
	Net income or (loss	, , , , ,]		1
Η,		ous Revenue	J	Busn. Code				
11a					1,079	1,079		
1				-				
b				-				<u> </u>
l c	6 N - 10					· · ·	 	<u>†</u>
d	All other revenue				1,079	,		
	Total. Add lines 11:						C	5,03
112	Total revenue. See	einstructions	<u> </u>		2,676,050	22,380	<u> </u>	Form 990 (20

Form 990 (2010)

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	189,556	181,811	772	6,973
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		045 540		
7	Other salaries and wages	960,663	915,718	18,063	26,882
8	Pension plan contributions (include section 401(k)	22 756	30 400	450	000
	and section 403(b) employer contributions)	33,756	32,400	450	
9	Other employee benefits	249,951 96,531	241,149 92,369		5,748
10	Payroll taxes	30,331	32,309	1,317	2,645
11 a	Fees for services (non-employees):				
a b	• • • • • • • • • • • • • • • • • • • •	68,740	68,618	43	79
c	Legal Accounting	13,689	13,120	125	444
d		22,003	20,220		
		53,257			53,257
f	Investment management fees		50 13 1		
д	Other	236,491	233,555	922	2,014
12	Advertising and promotion	1,533	1,402	29	102
13	Office expenses	67,905	64,039	707	3,159
14	Information technology				
15	Royalties				
16	Occupancy	137,635			3,894
17	Travel	71,144	70,515	253	376
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	236	226	4	6
20	Interest Programme of States	236	220	7	
21 22	Payments to affiliates Depreciation, depletion, and amortization	11,882	11,882		
22 23		8,350	8,021	127	202
24	Insurance Other expenses. Itemize expenses not covered	3,330			
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Direct mail production	199,029	14,554	21	184,454
b	Telecanvassing	46,194	·		46,194
C	Telephone	21,171	20,275	279	617
d	Dues & Subscriptions	13,438	12,846	108	484
е	Postage	6,377	5,787	40	550
f	All other expenses	3,590	2,985	133	472
25	Total functional expenses, Add lines 1 through 24f	2,491,118	2,123,251	28,409	339,458
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column			!	
	(B) joint costs from a combined educational campaign and fundraising solicitation	!			

Part X **Balance Sheet** (A) (B) Beginning of year End of year 577,102 144,505 Cash—non-interest bearing 1 Savings and temporary cash investments 31,231 761,549 2 Pledges and grants receivable, net 171,833 3 3 Accounts receivable, net 38.812 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net Inventories for sale or use 1,718 260 8 Prepaid expenses and deferred charges 29,257 33,300 10a Land, buildings, and equipment: cost or 56,047 other basis. Complete Part VI of Schedule D ________10a b Less: accumulated depreciation 10b 34,450 22,260 21,597 10c 11 Investments--publicly traded securities 6,521 6,763 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 5,695 5,695 15 884,429 1,065,681 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 159,725 157,009 17 17 Accounts payable and accrued expenses Grants payable ______ 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 6,851 5.937 Liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 50 25 166,626 162,946 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117, check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 676,491 490,317 Unrestricted net assets 412,418 41,312 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 717,803 902,735 Total net assets or fund balances 33 1,065,681 884,429 Total liabilities and net assets/fund balances

Form 990 (2010)

orm	n 990 (2010) Government Accountability Project 52-1343924		F	age 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
		1 . 1	0 676	0.50
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,676	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,491	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 932</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	717	<u>,803</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	6	902	<u>,735</u>
Pa	irt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>	<u> </u>	<u></u>
			Yes	No.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?		2b X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		l l	
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?		3a	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Government Accountability Project

Employer identification number

52-1343924 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify (vi) is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of the organization in organization in col organization (described on lines 1-9 іл col. (ii) listed in your support cal. (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes Yes No Yes (A) (B) (C) (D)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,687,230	1,973,913	2,295,660	2,100,376	2,648,429	10,705,608
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,687,230	1,973,913	2,295,660	2,100,376	2,648,429	10,705,608
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,220,272
6	Public support. Subtract line 5 from line 4						8,485,336
Sec	tion B. Total Support						·
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,687,230	1,973,913	2,295,660	2,100,376	2,648,429	10,705,608
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	533	1,134	7,848	17,159	5,035	31,709
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets	580	12,817	446			13,643
11	(Explain in Part IV.)	360	12,017	440			10,751,160
12	Gross receipts from related activities, etc.	(ego instructions)				12	25,121
13	First five years. If the Form 990 is for the	•			r as a section 501		
13	organization, check this box and stop her	•					▶ :
Sec	tion C. Computation of Public Si						······································
14	Public support percentage for 2010 (line 6			n (f\)		14	78.92%
15	Public support percentage from 2009 Sch						79,95%
	33 1/3% support test—2010. If the organ	ization did not cher	k the box on line	13. and line 14 is 3	3 1/3% or more, cl	heck this	
1 O a	box and stop here. The organization qual			41			▶ X
ь							
U	check this box and stop here . The organi						• —
17a							
110	10% or more, and if the organization mee Part IV how the organization meets the "fa	ts the "facts-and-ci	rcumstances" test.	check this box an	d stop here . Expla	ain in	
	-						•
_	organization 10%-facts-and-circumstances test—200	O If the econization	an did not about a	boy on line 13, 16	a 16b or 17a and	d line	•••••
b							
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me						_
18	supported organization Private foundation. If the organization die	d not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e	–
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· - ·	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u>. </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)				<u> </u>		
	tion B. Total Support	(),,,,,,,	1 410007	1 () 0000	1,0,000	4.3.0040	/0.T
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)]					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1				
14	First five years. If the Form 990 is for the	-					
500	organization, check this box and stop here tion C. Computation of Public Su			<u> </u>	<u> </u>		<u></u>
15	Public support percentage for 2010 (line 8			un (f))		15	%
16	Public support percentage from 2009 Sche						%
	tion D. Computation of Investme						
17	Investment income percentage for 2010 (li			3. column (f))		17	%
18	Investment income percentage from 2009						%
19a	33 1/3% support tests—2010. If the organ			• 14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this bo						. • -
b	33 1/3% support tests—2009. If the organ						
	line 18 is not more than 33 1/3%, check th						<u> </u>
20	Private foundation. If the organization did						_

Schedule A (Fo	m 990 or 990	0-EZ) 2010	Gove	rnment	Accoun	<u>tabili</u>	ty Proje	ect	52-13439		Page 4
Part IV	Suppleme	e <mark>ntal Info</mark> e 17a or	rmation.	Complete	this part t	to provide	the explana	ations re	equired by Part dditional inform	II, line 10; ation. (See	
Part II	, Line	10 -	Other	Income	e Detai	.1					
Expense	Reimb	urseme	ent			\$	3,373				
Rental	Income					\$	10,470				
						- · · · · · · · · · · · · · · · · · · ·					
		· · · · · · • • • · · · ·									
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

2010
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, Ilne 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	Government Accountab			52-13439	
Pai	t I-A Complete if the organization is exer	mpt under section 501(c)	or is a sect	ion 527 o <u>rganizatio</u>	n.
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	rect political campaign activities	n Part IV.	▶\$	
Pa	t I-B Complete if the organization is exe	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organi	ization under section 4955		,, >\$	-
2	Enter the amount of any excise tax incurred by organizati				- =
3	If the organization incurred a section 4955 tax, did it file F				·· —
					Yes No
	If "Yes," describe in Part IV. † I-C Complete if the organization is exer	mpt under section 501/c	excent sec	tion 501(c)(3).	
1	ti-C Complete if the organization is exelected the amount directly expended by the filing organization.			1011 00 1(0)(0).	
•	activities			▶ \$	_
2	Enter the amount of the filing organization's funds contrib	outed to other organizations for se	ection	- · · · · · · · · · · · · · · · · · · ·	
	527 exempt function activities			, >\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	nter here and on Form 1120-POI	-,		
	line 17b				- <u></u> No
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No
5	Enter the names, addresses and employer identification organization made payments. For each organization liste				
	the amount of political contributions received that were pi				
	as a separate segregated fund or a political action comm				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					-:
(4)					
(5)					
(6)		had been for Form 000 or	000 57	Solved do C /Form	- 000 = 700 E71 2010

Part II-A Complete if the organic section 501(h)).	anization is exempt under section 501(c)(3)	and filed Form 5768 (el	ection under			
	zation belongs to an affiliated group. zation checked box A and "limited control" pre	ovisions apply.				
	obbying Expenditures " means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
b Total lobbying expenditures to influence	e public opinion (grass roots lobbying) e a legislative body (direct lobbying) 1a and 1b)	50,369				
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both						
columns. If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	274,556				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.					
 g Grassroots nontaxable amount (enter 2 h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or l 		n				
j If there is an amount other than zero o	n either line 1h or line 1i, did the organization file Form 472	20	Yes No			
	4-Year Averaging Period Under Section 5 that made a section 501(h) election do not hoelow. See the instructions for lines 2a thro	ave to complete all of	the five			

	obbying Expenditu	res During 4-Yea	r Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	267,246	279,501	271,196	274,556	1,092,499
 b Lobbying ceiling amount (150% of line 2a, column(e)) 				224	1,638,749
c Total lobbying expenditures	2,200	10,555	8,000	50,369	71,124
d Grassroots nontaxable amount	66,812	69,875	67,799	68,639	273,125
e Grassroots ceiling amount (150% of line 2d, column (e))					409,688
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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- ⊬an	_	- 3

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Forr	n 5768			
	(election under section 501(h)).	(a)		(b)		
		Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local				N 1 d 0 d		
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:					e in de A	
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	<u></u>		100,000	š:: 38	888: ·
	Media advertisements?						
	Mailings to members, legislators, or the public?			<u> </u>			
	Publications, or published or broadcast statements?		-				
	Grants to other organizations for lobbying purposes?		<u> </u>	<u> </u>			
_	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>	 			
	Other activities? If "Yes," describe in Part IV		33333 · .				
•	Total. Add lines 1c through 1i			500000 T 000000	6.		77388848
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	13000000			å? er	€ .	
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			************			
*********	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1/5			· · · · · ·		s 300000
Par ——	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), 	or si	€CTION			T
				1	_	Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				1		 -
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?		<u></u>		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines."	ine 3	is ar	1swere	⊧d 		
1	Dues, assessments and similar amounts from members		1	<u> </u>			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the section 527(f) tax was paid).		.:				
а	Current year		2a	ļ <u> </u>			
	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4	<u> </u>			
_5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Par	t IV Supplemental Information						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B,	line 1	. Also	,			
	elete this part for any additional information.						
	·····						

Schedule C (For	m 990 or 990-EZ) 2010	Government	Accountability	Project	52-1343924	Page 4
Part IV	Supplemental Int	formation (continue	Accountability ed)			
		· · · · · · · · · · · · · · · · · · ·				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Government Accountability Project 52-1343924 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year _____ 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area. Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

51,975

4,072

Schedule D (Form 990) 2010

30,378

4,072

1a Land

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (F	<u> Form 990) 2010 Government Accountabi</u>	lity Project	52-1343924	Page
Part VII	Investments—Other Securities. See Form 99			. 454
	(a) Description of security or category	(b) Book value	(c) Method of valu	ation:
	(including name of security)		Cost or end-of-year ma	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests		<u> </u>	•***
(0)				
(D)				
(E)				<u> </u>
(E)				
100				
. (H)				
(1)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related, See Form 99	0, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valu	
			Cost or end-of-year ma	rket value
(1)				
(2)			<u>i</u>	
(3)			<u> </u>	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	L		
Part IX	Other Assets. See Form 990, Part X, line 15.		· · · · · · · · · · · · · · · · · · ·	(b) Book value
743	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)		<u> </u>		
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)	•…	•	
Part X	Other Liabilities. See Form 990, Part X, line 2	5.		
1.	(a) Description of liability	(b) Amount		
	income taxes			
(2)				
(3)				
(4)			7	
(5)	, , , , , , , , , , , , , , , , , , ,		7	
(6)			1	
(7)			1	
(8)		"]	
(9)				
(10)				
(4.4.)			7	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Contract Contract	edule D (Form 990) 2010 Government Accountability Project 52-13439		Page 4
33.77	The state of the s		2 676 050
1		1	2,676,050
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,491,118
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	184,932
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	. 5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		104 000
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		184,932
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F		0 676 050
1	Total revenue, gains, and other support per audited financial statements	1	2,676,050
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a	Code No.	
þ		-	
	Recoveries of prior year grants 2c	_	
	Other (Describe in Part XIV.)	_	
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,676,050
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Salar Salar	
	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,676,050
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		0 405 110
1	Total expenses and losses per audited financial statements	1	2,491,118
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a	-	
	Prior year adjustments 2b	-	
С	Other losses 2c		
d			
_	Add lines 2a through 2d	2e	0 401 110
3	Subtract line 2e from line 1	3	2,491,118
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	0 404 770
	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,491,118
	nt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part	to provide	
	idditional information.		
P	art IV, Line 2b - Escrow Liability Arrangement Explanation	.	
W	nen the organization takes on a case, an amount is request	ed to	cover the
щ	ofront legal costs. There is a separate bank account that	hold	s these
£۱	ands. If checks are needed to cover expenses, checks are	cut f	rom this
a	ecount and the related trust activity is also reduced to t	rack	the
a	vailable balance per client.		

Schedule D (Fo	orm 990) 2010	Government	Accountability	Project	52-1343924	Page 5
Part XIV	Supplemen	ital Information (d	Accountability continued)			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions. See separate instructions.

OMB No. 1545-0047

Open To Public inspection

Internal Revenue Service Employer identification number Name of the organization Government Accountability Project 52-1343924 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Nο If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(ii) Activity (iv) Gross receipts (vi) Amount paid to (i) Name and address of individual (v) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or organization fundraiser listed in control of contributions' col. (i) AB DATA Yes No **FUNDRAISIN** X 220,629 46,200 174,429 HUDSON BAY X 7,057 TELECANVAS 10,675 3,618 10 231,304 53,257 178,047 • Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. All states

Sch	nedule G (Form 990 or 990-EZ)	2010 Government	Accountability	Project	52-1343924	Page 2
P	art II Fundraising E	vents. Complete if the org	ganization answered "Ye	es" to Form 990,	Part IV, line 18, or	reported
		5,000 of fundraising event		income on Form	⊫990-EZ, lines 1 a	nd 6b. List
_	events with gro	oss receipts greater than \$	<u> </u>	(1) 20		
		(a) Event #1	(b) Event #2	(c) Other e		ital events
						I. (a) through
		(event type)	(event type)	(total num	ber) c	:al. (c))
Revenue						
eve	1 Gross receipts					···
œ	2 Less: Charitable					
	contributions	· · · · · · · · · · · · · · · · · · ·	-			
	3 Gross income (line 1 minus					
_	line 2)					••••
	4 Cash prizes	 				
	5 Noncash prizes					
es.	6 Rent/facility costs	 				
ense	b Rentraciity costs					
X	7 Food and beverages					
Direct Expenses						
	8 Entertainment					
	9 Other direct expenses					
	10 Direct expense summary.	. Add lines 4 through 9 in column ((d)		🟲 🛌	
1000000	11 Net income summary. Co	ombine line 3, column (d), and line plete if the organization ar	10	NOO Doct IV Jino	10. or reported ma	
3.7	Part III Gaming, Com	on Form 990-EZ, line 6a	isweled (es to tollis	30, Fait IV, life	13, or reported int	<i>7</i> 10
	πιαιν φ ισιοσο σ		(b) Pull tabs/instant	4-3-04	(d) Total	gaming (add
Revenue		(a) Bingo	binga/progressive binga	(c) Other ga	col. (a) th	rough cal. (c))
Š						
_	1 Gross revenue					
so.	2 Cash prizes					
nses	T 53511 F1125					
xbe	3 Noncash prizes					
Direct Expens						
Ö	4 Rent/facility costs					
	5 Other direct expenses					
		Yes %	Yes %	√₀ Yes	%	
	6 Volunteer labor	No	No	No		
		NIII OIL III ET LANGE				,
	7 Direct expense summary.	. Add lines 2 through 5 in column	(a)			
	8 Net gaming income summ	nary. Combine line 1, column d, a	ind line 7		▶	
	·	•				
9	Enter the state(s) in which the	e organization operates gaming ac	ctivities:			п
		o operate gaming activities in each	h of these states?			_ Yes No
Ð	o If "No," explain:					
						
10a	Were any of the organization	's gaming licenses revoked, suspe	ended or terminated during the	tax year?	10a _	」Yes ∐ No
	If "Yes," explain:					

Sche	edule G (Form 990 or 990-EZ) 2010	Government	: Accountability	Project	52-1343	3924		Pag	e 3
11	Does the organization operate gaming							s [
12	Is the organization a grantor, beneficia	ary or trustee of a trust	or a member of a partnership or	other entity			_	_	
	formed to administer charitable gamin						Ye	s 📙	No
13	Indicate the percentage of gaming act				ļ				
a	The organization's facility					13a			%_
b	An outside facility				L	13b			%_
14	Enter the name and address of the perecords:	rson who prepares the	organization's gaming/special e	vents books and					
	Name ▶								
	Address ▶			•••					
15a	Does the organization have a contract revenue?		_	- •		1	Ye	<u>.</u> \Box	No
h	If "Yes," enter the amount of gaming r	evenue received by the	organization > \$	anı		۱ ۱		• 🗀	140
_	amount of gaming revenue retained by				7 1110				
С	if "Yes," enter name and address of the		······································						
	Name ►								
	Address ▶								
16	Gaming manager information:								
	Name ►		••••						
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
		_	Independent contractor						
	_	_							
17	Mandatory distributions:								
а	Is the organization required under stat	e law to make charitabl	e distributions from the gaming p	proceeds to		_	_		
	retain the state gaming license?					[Yes	5 🗌	Νo
b	Enter the amount of distributions requi	red under state law to	be distributed to other exempt or	ganizations or					
	spent in the organization's own exemp	t activities during the ta	axyear▶ \$						
Par	t IV Supplemental Informa columns (iii) and (v), a	ition. Complete th nd Part III, lines 9,	is part to provide the exp , 9b, 10b, 15b, 15c, 16, a	lanations requir nd 17b, as appl	ed by Part I, cable. Also (line 2 comp	b, lete th	nis	
	part to provide any add	ditional information	(see instructions).	Daimbaaa		1_			_
	h G, Part I, Line 2	p' COT (♠) -	- Fundraising vs	. Reimburs	ement Ex	фта	nat.	ion	
	DATA								
MO.	NTHLY RETAINER				,		.		
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			<u></u> ,.						
			 -	Si	hedule G (Forn	n 990 d	r 990-l	EZ) 20	10

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Government Accountability Project

Employer identification number 52-1343924

-	Irt I Types of Property	IL ACC	Souncability	ETOJecc		1343924		
	it i ypes of Property	1-1	(h-1	(c)		(d)		
		(a) Check if	(b) Number of contributions or	Noncash contribution	tiethed	(d) of determining		
		applicable	items contributed	amounts reported on		ntribution amounts		
		аррпоавю	TOTAL CONTRIBUTION	Form 990, Part VIII, line 1g				
1	Art—Works of art	ļ						
2	Art—Historical treasures		<u>.</u>					
3	Art—Fractional interests	<u> </u>						
4	Books and publications	<u> </u>						
5	Clothing and household							
	goods	<u> </u>	*					—
6	Cars and other vehicles							
7	Boats and planes	<u> </u>						
8	Intellectual property	×	3	205 000	Value on da	to of give	F+	
9	Securities—Publicly traded		3	203,000	varue on da	ce or gra		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures				<u> </u>			
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential				<u></u>			
16	Real estate—Commercial	<u> </u>						
17	Real estate—Other	 -						
18	Collectibles						_	
19	Food inventory							
20	Drugs and medical supplies	-		<u>.</u>				—
21	Taxidermy							
22	Historical artifacts	-	<u></u>					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(
26	Other ►()							
27	Other ►(
28	Other ►(<u></u>						
29	Number of Forms 8283 received by				\ \ \ \			
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	edgement ,,,,,,,,,	29 0		Yes	- No
						<u> </u>	105	No
30a	During the year, did the organization					Ţ.	11111	
	it must hold for at least three years f						1	~ • • • • • • • • • • • • • • • •
	used for exempt purposes for the en		g period?			30a	1 3	<u> </u>
b	If "Yes," describe the arrangement in					778	1.08	I
31	Does the organization have a gift ac	ceptance (policy that requires the re	eview of any non-standard		i i i i i i i i i i i i i i i i i i i		
						31	.	<u> </u>
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell ne	oncash			1
						32a	X	8 8 7 2000
b	If "Yes," describe in Part II.					JAIA.	1	
33	If the organization did not report an	amount in	column (c) for a type of p	property for which column (a) is checked,	S ice		
	describe in Part II					Marie 1	5.0	La 🏥

Schedule M (Form Part II						this part addition			formation	require	d by P	art I, lii	nes 30	Page 2 0b, 32b,
Part I,	Line	32b	- Tì	ird :	Party	Used	to Pr	ocess	Nonca	sh Co	ntri	buti	ons	
We have	a br	oker	that	all	stock	gift	s are	tran	sfered	to a	nd t	hen	the	stocks
are imm	ediat	ely :	sold.	.										
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 52-1343924

Government Accountability Project

Form 990, Part III, Line 4a - First Achievement

Form 990 - Organization's Mission or Most Significant Activities

The Government Accountability Project (GAP) is a 34-year-old non-profit

public interest group that promotes government and corporate accountability

by advancing occupational free speech, defending whistleblowers, and

empowering citizen activists. We pursue this mission through our public

health & safety, international reform, national security, environmental

oversight, corporate accountability and whistleblower protection activities

GAP is the nation's leading whistleblower protection organization.

whistleblower disclosures or where we believe there is a systemic food integrity concern. Our first investigation was launched and focused on Hyrum, Utah where we investigated humane handling and food safety disclosures at the JBS slaughter facility -- the world's largest beef processor and distributor of beef animal protein.

o As a result of our JBS investigation mentioned above, we represented two USDA employees and several local union officials who were being forced to relocate after they blew the whistle on inhumane handling at JBS. They were suspected of passing along a photo of a cow pinned underneath a gate at the Hyrum slaughterhouse, which their FSIS supervisor and JBS management instructed they destroy. The photo was leaked to a national union leader who then referenced it in congressional testimony. GAP drafted a letter to FSIS management in defense of the Hyrum whistleblowers. As a result of our efforts, USDA has agreed to indefinitely stay the relocation of the workers

Name of the organization

Government Accountability Project

Employer identification number 52-1343924

and a senior USDA administrator has offered to meet with us regarding this and other whistleblower issues.

- o GAP represented a food safety whistleblower who was terminated from his job working in a Publix Markets warehouse after he raised concerns that consumers were being exposed to a toxic chemical that was being used on the outside of milk containers, and after he raised a number of workplace safety concerns. His concerns about consumer safety provide GAP with its first opportunity to litigate under the whistleblower provision of the Consumer Product Safety Improvement Act (CPSIA), which GAP helped create. GAP fully briefed this issue before the Department of Labor's Administrative Review Board (ARB). GAP also represented our client for his workplace safety complaint under the Occupational Safety and Health Act (OSH Act).
- o Despite legal setbacks, issues related to medical devices have remained as prevalent as ever, with media reports still questioning the safety of both heart valve and hip replacement devices that were marketed without the benefit of FDA clinical trials. GAP addressed these problems and more by offering legal assistance to medical device whistleblowers, educating consumers, encouraging greater accountability and oversight over the device industry, and advocating for medical device reform. GAP also signed on to critical coalition letters calling on the FDA to: (i.) improve the standards of the premarket notification process (also known as the 510(k) process) for the review of medical devices; and (ii.) ensure changes that would greatly strengthen existing safeguards to protect the public from products with questionable benefits or unproven safety.

Form 990, Part III, Line 4b - Second Achievement

Government Accountability Project

Employer identification number 52-1343924

information to the press, and sweeping searches of their computers.

o GAP released two reports about racial discrimination at the World Bank and the Inter-American Development Bank (IDB), respectively. At the World Bank GAP found that the Bank failed to meet its own rhetoric about inclusion and equity in hiring, retention and promotion practices. After that report was released IDB whistleblowers told us that racial discrimination was a problem at their institution as well. As a result of these efforts, GAP was a founding member of an international alliance working with the IDB's Diversity Adviser and the Diversity Office to address both of these shortcomings.

- o GAP worked with a whistleblower to expose corruption in the World Bank's National AIDS Control Project II. Our client's documentation leaves no doubt that substandard HIV test kits that sometimes give false negative results distributed by Monozyme, Ltd. were in use in India as recently as 2007. Moreover, our client believes that millions of dollars in Bank funds have been spent on these kits. The continued use of the kits is a potential public health disaster, condemning many Indians to a life and death of AIDS. Our client's disclosures are of an urgent nature and reveal the ways in which a lack of accountability in Bank project operations can actually become a matter of life and death.
- o GAP pressed the U.S. mission to the United Nations to advocate for the appointment of a qualified director to lead the organization's Investigations Division.
- o GAP met with key staffers in the House Appropriations Committee
 (Subcommittee on State, Foreign Operations and Related Programs) and the
 House Financial Services Committee to discuss our concerns about the
 treatment of whistleblowers at the Multilateral Development Banks and

Name of the organization

Government Accountability Project

Employer identification number 52-1343924

related accountability issues.

Form 990, Part III, Line 4c - Third Achievement

climate change preparedness initiative at two national conferences held in

Washington, DC, by the National Council on Science and the Environment and
the Center for Science in the Public Interest. Additionally, we established
cooperative links with other organizations substantially furthering our

work -- including, for example, the Presidential Climate Action Project,
the Clean Air-Cool Planet/Climate Policy Center, and the Union of Concerned
Scientists.

- o In 2010, we worked hard to highlight the critical need for the National Climate Change Assessment (NCCA) process to be reactivated, updated and expanded. We were an invited participant to a White House-sponsored first-stage strategic planning meeting held in Chicago to potentially reactivate the NCCA -- an important effort to assess the potential consequences of climate variability and change for the United States, which was initially praised by the National Academy of Sciences and then suppressed under the Bush Administration.
- climate science integrity through a widely recognized website which continues to attract a growing audience of thousands of readers that includes reporters, government officials, Congressional offices, scientists, educators, activists, and others nationwide and internationally. The demand has been so high for our expertise that we expanded the site this year to most effectively convey the breadth of our efforts. We published new material regularly, and added over 250 new items. Joined by occasional guest contributors, we published many original

o In 2010, we regularly shared our expertise on the necessity for ensuring

Government Accountability Project

Employer identification number 52-1343924

articles on the Obama Administration, Congress, climate change planning and preparedness, the U.S. Climate Change Science Program, scientific integrity and the federal government, and whistleblower protection, with a strong emphasis on the war on climate science and climate scientists that was aggressively escalated in 2010 by the global warming disinformation campaign.

Form 990, Part III, Line 4d - All Other Achievements

Corporate Accountability

- o The U. S. Congress enacted several new corporate whistleblower reforms.

 GAP played a significant role throughout the process for each bill passed.

 They now cover employees blowing the whistle on various corrupt practices in the following segments:
- Corporations and their subsidiaries that trade on American stock exchanges (40 million employees);
 - Defense contractors (over one million employees);
 - Manufacturers and retailers of 14,000 products regulated by the Consumer Product Safety Comm. (5 million employees estimated);
 - Companies, state and local government agencies and any institution receiving federal economic stimulus grants (several million employees);
- Hospital and health clinic workers nationwide (an estimated 5 million employees);
 - Companies that contract with the Department of Energy or the

 Nuclear Regulatory Commission (a few hundred thousand employees);
 - Private ground transportation companies (an estimated one million employees);

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization Employer identification number Government Accountability Project 52-1343924 - Food producers and transporters for products regulated by the Food and Drug Administration (approximately 80% of food items in commerce) (a few million employees). o In 2010, GAP's book, The Corporate Whstleblower's Survival Guide: A Handbook for Committing the Truth, was officially sent to the prestigious press of Berrett-Koehler for publication. It received critical acclaim, including from the prominent Library Journal. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The draft 990 was reviewed the President, Executive Director and the Director of Admin and Finance and changes are incorporated into the final draft. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Annually the board of directors is requested to update our conflict of interest quesionnaire. Form 990, Part VI, Line 15a - Compensation Process for Top Official The board chair and Director supervised an independent written and oral performance evaulation of Executive Director, and togther they approve the salary increase.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization Government Accountability Project	Employer identification number 52-1343924
Annual performance evaluations are performed by the	eir supervisors and then
reviewed by the Executive Director.	
The second of th	
Form 990, Part VI, Line 17 - Other States Where Cop	
Maine, Maryland, Massachusetts, Michigan, Minnesota	i, Missouri,
Mississippi, New Hampshire, New Jersey, New Mexico,	New York,
North Carolina, North Dakota, Ohio, Oklahoma, Orego	on, Pennsylvania,
Rhode Island, South Carolina, Tennessee, Utah, Virg	ginia, Washington,
West Virginia, Wisconsin	
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
Public Disclosure copies of the audited financial s	statements and the IRS
Form 990 and Form 1023 are kept in the office of th	ne Director of Finance.
Upon request copies are made and sent out to the re	equesting person.
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CGAPREV Government Accountability Project 52-1343924 Federal Statements 52-1343924

Amount

FYE: 12/31/2010

<u>Taxable Interest on Investments</u>

Description

Unrelated Exclusion Postal Acquired after Business Code Code Code 6/30/75 US Obs (\$ or %)

14

11/23/2011 11:43 AM

5,035 5,035 Total

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43
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3/20
1/23
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CGAPREV Government Accountability Project

52-1343924 FYE: 12/31/2010

Federal Statements

Total Program Management & Fapenses Fapenses Fapenses Fapenses Fapenses Program General Radical									
\$ 236,491 \$ 233,555 \$ 922 \$ \$ 236,491 \$ 233,555 \$	Description		Total Expenses		Program Service	Mana	gement & eneral		Fund Raising
\$ 236,491 \$ 233,555 \$ 922 \$	Professional Fees		236,491	ς,	233,555	ω.	922	ψ	2,014
	Total	φ.	236,491	S	233,555	S.	922	₩.	2,014

	Form 990,	Form 990, Part IX, Line 24f - All Other Exp	4f - All Oth	er Expenses				
Description	"	Total Expenses		Program Service	Mana	Janagement & General		Fund Raising
Miscellaneous	ঞ	4,061	cy-	3,834	\$	20	ب	207
Equipment Rental & Repair		3,913		3,743		47		123
Contributions		148		140		ĸ		S
Deposition and Arbitratio		-4,532		-4,732		63		137
Total	ళు	3,590	st.	2,985	တ	133	\$	472